

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 103)

Registration District No. 791
Primary Registration District No. 103

File No. 24606
Registered No. 5999
Ward 2

2. FULL NAME

(a) Residence, No. 233 (Usual place of abode) St. Louis Ward 2
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-6-1896
7. AGE YEARS 37 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shipman Ill

13. NAME Charles Mann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Ophelia Howard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) James Mann

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton Ill DATE 7/10/33

19. UNDERTAKER (ADDRESS) John Russell

20. FILED 8 1933 W. J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Physician in attendance, 1933, to 1933

I last saw h. alive on 1933, 1933 Death is said

to have occurred on the date stated above, at 325 m.

The principal cause of death and related causes of importance were as follows:

211 Haemorrhage from fracture of the skull
received when an auto
in which he was riding
overturned about 25 miles
east of Carlinville, Ill.
Other contributory causes of importance:
overturned about 25 miles
east of Carlinville, Ill.

Name of operation Accident Date of 1933

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/5, 1933

Where did injury occur? Carlinville Ill

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury Auto overturned in which he was

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Harold C. Kelly

(Address) Alton Ill

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

